

FILED DEC 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39612**

BIRTH NO. _____		REG. DIST. NO. <b>360</b>		PRIMARY REG. DIST. NO. <b>3076</b>		Registrar's No. <b>122</b>	
1. PLACE OF DEATH a. COUNTY <b>Vernon</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Nevada</b>		c. LENGTH OF STAY (In this place) <b>26 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Nevada</b>		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>219 West Austin</b>				d. STREET ADDRESS (If rural, give location) <b>219 West Austin Street</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Lulu</b>		b. (Middle) <b>Bell</b>		c. (Last) <b>Glenn</b>	
4. DATE OF DEATH		(Month) <b>Nov.</b>		(Day) <b>14</b>		(Year) <b>1950</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>dec. 28, 1882</b>	
9. AGE (In years last birthday) <b>67</b>		10. UNDER 1 YEAR <b>10</b>		11. UNDER 1 YEAR <b>16</b>		12. UNDER 1 YEAR <b>16</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>		11. BIRTHPLACE (State or foreign country) <b>Cincinnati Ohio</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Samuel S. Kingery</b>		13b. MOTHER'S MAIDEN NAME <b>Laura Snyder</b>		14. NAME OF HUSBAND OR WIFE <b>Hugh Glenn</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Hugh Glenn</b> ADDRESS <b>Nevada, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinomatosis Abdomen</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma Sigmoid</b> DUE TO (c) <b>None</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>153X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma Sigmoid resected</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>—</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>—</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>—</b>		21f. HOW DID INJURY OCCUR? <b>—</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <b>—</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <b>Oct. 25</b> , 19 <b>50</b> , to <b>Nov. 14</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>Nov. 14</b> , 19 <b>50</b> , and that death occurred at <b>10:45 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Robert M. D.</b>		23b. ADDRESS <b>Moore Bldg., Nevada, Missouri</b>		23c. DATE SIGNED <b>11/15/50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>11-16-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Spring Grove</b>		24d. LOCATION (City, town, or county) (State) <b>Cincinnati Ohio</b>	
DATE REC'D BY LOCAL REG. <b>Nov. 21, 50</b>		REGISTRAR'S SIGNATURE <b>Kathryn H. Young</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Geibinger Funeral Home Nevada</b>			

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED NOV 27 1950

Dist. File 1250-2380

Date Filed 12-5-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed

*Marh. Eubinger*

Licensed Embalmer No.

*2656*

P. O. Address

*Merced, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.